
HOUSE BILL No. 1675

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-10-10; IC 12-10-11.5-4.5.

Synopsis: CHOICE and Medicaid waivers. Requires a local area agency on aging case manager to determine an individual's eligibility for the community and home options to institutional care for the elderly and disabled program (CHOICE) and to maintain records of eligible individuals. Prohibits the office of the secretary of family and social services (office of the secretary) from transferring or reverting back to the state general fund money that was appropriated for CHOICE under specified circumstances. Prohibits a reimbursement rate under CHOICE from being lower than the Medicaid waiver reimbursement rate for the same service. Allows the negotiation of higher reimbursement rates for CHOICE under specified circumstances. Requires Medicaid waiver services to meet the same service and quality standards as those required for CHOICE. Requires the office of the secretary to adopt a plan before July 1, 2007, to service all CHOICE eligible individuals by January 1, 2008. Requires the office of the secretary to report to the health finance commission concerning the progress in the implementation of these provisions.

Effective: Upon passage.

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January 23, 2007, read first time and referred to Committee on Public Health.

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First Regular Session 115th General Assembly (2007)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2006 Regular Session of the General Assembly.

HOUSE BILL No. 1675

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 12-10-10-6.1 IS ADDED TO THE INDIANA
2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
3 [EFFECTIVE UPON PASSAGE]: **Sec. 6.1. (a) A local area agency on**
4 **aging case manager shall determine whether an individual is**
5 **eligible for the program.**

6 **(b) The office of the secretary shall require a local area agency**
7 **on aging to maintain records of each individual who the agency**
8 **determines is eligible for:**

9 **(1) the program; or**

10 **(2) any home and community based service.**

11 SECTION 2. IC 12-10-10-6.7 IS ADDED TO THE INDIANA
12 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
13 [EFFECTIVE UPON PASSAGE]: **Sec. 6.7. (a) Notwithstanding any**
14 **other law, including a law passed in the 2007 general assembly, the**
15 **office of the secretary may not use funds appropriated to the**
16 **program for any other program or purpose if using the funds for**
17 **another purpose would result in an eligible individual being**



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prevented from receiving program services within sixty (60) days after being determined eligible for the program.

(b) Money appropriated to the program by the general assembly does not revert back to the state general fund if the program has eligible individuals waiting for services on a waiting list.

SECTION 3. IC 12-10-10-12, AS ADDED BY P.L.246-2005, SECTION 100, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 12. (a) The office of the secretary, in consultation with the local area agencies on aging, shall negotiate reimbursement rates for services provided under this chapter.

(b) Payments for services under this chapter may not be counted in a Medicaid recipient's spend down requirement in IC 12-15.

(c) Reimbursement rates for program services provided under this chapter may not be at a rate that is lower than the reimbursement rate for the same service provided under a Medicaid waiver.

(d) The negotiated reimbursement rates for the program may be higher than Medicaid waiver reimbursement rates in order to respond to local market needs and conditions. If the local area agency on aging negotiates a reimbursement rate for a program service provided under this chapter that is more than two percent (2%) of the reimbursement rate for the same service provided under a Medicaid waiver, the local area agency on aging must first receive approval for the rate from the office of the secretary.

SECTION 4. IC 12-10-11.5-4.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 4.5. (a) A service that is provided to a recipient through a Medicaid waiver must meet the service and quality standards established:

- (1) for the community and home options to institutional care for the elderly and disabled program established by IC 12-10-10-6; and
- (2) by this chapter.

(b) A recipient of services or a recipient's representative is entitled to have a service provider or case manager replaced if the recipient or the recipient's representative believes that:

- (1) the recipient is receiving inadequate care; or
- (2) the service provider or case manager is engaged in inappropriate behavior.

SECTION 5. [EFFECTIVE UPON PASSAGE] (a) As used in this SECTION, "office of the secretary" refers to the office of the secretary of family and social services established by IC 12-8-1-1.

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1 (b) As used in this SECTION, "program" refers to the
2 community and home options to institutional care for the elderly
3 and disabled program established by IC 12-10-10-6.

4 (c) Before July 1, 2007, the office of the secretary shall develop
5 and adopt a plan to provide for enrolling before January 1, 2008,
6 all eligible individuals into the program, including those
7 individuals on the waiting list for the program.

8 (d) Before September 1, 2007, the office of the secretary shall
9 report to the health finance commission established by IC 2-5-23-3
10 concerning the office of the secretary's progress in the
11 implementation of this act.

12 (e) Before November 1, 2007, the health finance commission
13 shall report to the legislative council in an electronic format under
14 IC 5-14-6 regarding the report of the office of the secretary and the
15 commission's findings and recommendations concerning the
16 implementation of this act.

17 (f) This SECTION expires December 31, 2008.

18 SECTION 6. An emergency is declared for this act.

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